

BUREAU OF INFORMATION

NATIONAL SOCIETY FOR CRIPPLED CHILDREN, ELYRIA, OHIO

BULLETIN ON CURRENT LITERATURE  
OF INTEREST TO CRIPPLED CHILDREN WORKERS

Volume I, No. 6

June, 1940

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This Bulletin is a monthly service of the National Society for Crippled Children to its affiliated societies and to its Institutional Members - hospitals, homes, schools, service groups, social work organizations, colleges and universities offering professional training for workers with the crippled, state agencies interested in prevention, treatment, education, or vocational rehabilitation, and interested lay and professional individuals.

Any publication listed or digested here may be borrowed free of charge from the Bureau of Information of the National Society. Bibliographies listing similar articles, or loan package libraries containing additional literature on any of the subjects discussed in these articles, will be sent to any crippled children worker or student on request.

We do not attempt to list or review here articles published in THE CRIPPLED CHILD Magazine or THE CRIPPLED CHILD BULLETIN, because all individuals and organizations receiving this Bulletin also receive these two periodicals and all other publications of the National Society as part of the privilege of their membership.

Further information on the work of the Society, on responsibilities and privileges of Institutional Membership, and on any other phase of work for crippled children will be sent upon request.

Lillian Dowdell, Librarian

Crippled children work by Rotary Clubs. Pamphlet No. 40, April, 1940. Rotary International, 35 East Wacker Drive, Chicago, Illinois. 12 pp.

Includes a brief historical statement, a statement of general policy in regard to crippled children work, and a description of the various projects which Rotary Clubs may undertake in the field.

Facts about crippled children. Children's Bureau, U. S. Department of Labor, Washington, D. C. March, 1940. 15 pp.

This booklet explains simply and briefly the Federal-State services for treating crippled children, gives statistics on the number and types of children located and treated through these programs, shows the amounts of Federal grants to the individual states, and gives a directory of state agencies administering the services.

Jones, Mary E. and Shaw, Grace. Community cooperation in organization: poliomyelitis epidemic, Buffalo, 1939. The Physiotherapy Review, May-June, 1940. Vol. 20, No. 3. pg. 138.

This epidemic consisted of 347 cases, 97 of which are still in reconstruction units. "From the beginning the Department of Health held open meetings. Suggestions for control were made by national, state and city public health officials, and other interested persons. ...

"Cases of poliomyelitis automatically were reported to the Department of Health. Each reporting physician was sent a letter enumerating the facilities available ... The orthopedic public health nurse from the Health Department then visited the physician, ... offering her services under the direction of an orthopedist. Both the orthopedic public health nurses of the Buffalo Health Department and the orthopaedic public health nurse of the Visiting Nurse Association taught the technique of communicable diseases to mothers of cases quarantined in homes.

"...The Orthopedic Service, part of the Division of Child Hygiene of the Department of Health, ... was established just before the epidemic under the joint sponsorship of the State and City Health Departments with the aid of Social Security funds. This service provided public health orthopedic nursing service and a part-time medical social worker. ...

"A diagnostician from the Department of Health visited every reported case. A question of a differential diagnosis brought a neurological consultation. ...

"... Three respirators made in 1937 at the Hospital for Sick Children [Toronto, Ontario] arrived in Buffalo with an engineer to instruct in their operation and use. ... The Erie County Chapter of the National Foundation for Infantile Paralysis paid for many splints. A great number were forwarded from the National Foundation headquarters. These splints...were loaned without cost to hospital and home patients. A minimum charge was made for Bradford frames supplied to patients in homes. ...When necessary the Department of Social Welfare supplied...beds with Bradford frames to their clients. Braces, crutches and other appliances needed during the chronic stage will be provided through State and County aid, if the families should be unable partially or wholly to finance their cost. ...

"At the Children's Hospital evening meetings were arranged to which both parents of each patient were invited. Surgeons and hospital authorities explained reasons for hospital procedures. Parents met and talked with physicians,



superintendents of the institutions, ward nurses, physical therapy technicians, occupational therapists, medical social workers, school teachers and orthopedic public health nurses. Much anxiety was allayed by the friendly sociability over doughnuts and coffee. ...

"Patients remaining at home who were unable to pay for the service of a private orthopedist were supervised by local hospital orthopedic clinics or by a consultant orthopedist provided by the Department of Health. ...

"Occupational therapy in hospitals and reconstruction units was provided through staff personnel. For patients remaining in homes, this form of therapy was available through ...the Volunteer Service Bureau, a member agency of the Joint Charities... Funds to carry on were provided by a local service club, and the use of waste materials was stressed. ...

"The interrupted school work was adjusted to the needs of the particular individual or group in institutions, with special teachers assigned to children at home. The child able to return to school was placed in a special class if his needs so indicated. ... The Department of Education buses provided the necessary transportation."

Kerr, Florence. Educational aids to handicapped children. School and Society. May 18, 1940. Vol. 51, No. 1325, pg. 642.

This article is, for the most part, a narrative of the work done throughout the United States by the WPA in building or enlarging crippled children's hospitals and schools, in providing teachers for crippled children in hospitals or in their homes, and in providing other services, such as recreation.

Wedd, Marion R. and Dabelstein, Donald H. Minnesota Homecrafters (A service for the homebound.) National Rehabilitation News, June, 1940. Vol. 5, No. 9, pg. 19.

"The Minnesota State Department of Education through its Division of Vocational Rehabilitation, in cooperation with the Works Progress Administration, has ... a program for the physically handicapped who are not feasible of vocational rehabilitation under existing policies. ...

"The Adult Education Division of the Works Projects Administration furnishes the entire staff [50] of teachers, designers, supervisors, and clerical workers. ... The Legislative Emergency Committee has made available as sponsor's contribution, thirty-two hundred dollars...to provide the raw materials for the manufacture of various handicraft articles. The cost of materials is deducted from the amount received for each sale. This sum is placed in a revolving fund and...is used to purchase further materials, equipment, and take care of incidental expenses involved in the sale of the products.

"...The services can be classified into three broad areas, namely: 1. providing recreational facilities, and developing independent leisure time activities; 2. providing a program of education commensurate with the interests and abilities of individuals whose disability has interrupted continuance of educational pursuits through the usual channels and finally; 3. providing suitable supervised sheltered employment and marketing the articles produced. ...

"Several problems have confronted us in attempting to develop a program of sheltered employment... It was found, first, that only a relatively small number of cases were able to produce a high standard of workmanship without continuing

supervision. Second, changes in the market necessitated a corresponding variation in products. ... Finally, it became apparent that there was need of developing products other than those usually classified as handicrafts. ... There is a definite need for articles...which can be produced without a great deal of equipment and are marketable. ... 3.

"A variety of methods are employed for the sale of products. Booths or exhibits are placed at all of the major conventions in each community. A display or counter has been granted in a number of the leading hotels and restaurants. Each year a number of Service Clubs with the cooperation of merchants arrange for an exhibit and concentrated sales program for the handicapped. At each local headquarters finished products are kept on display. A small catalog, describing the products available for sale, the cost, and a brief description of the person making the product, was designed by the staff artist."

Recommendations of the Children's Bureau Advisory Committee on Services for Crippled Children with reference to services for children with heart disease. The Children's Bureau, U. S. Department of Labor, Washington, D. C. March 4, 1940. 6 pp.

A list of recommendations on administration, professional standards, diagnostic services, hospital care, convalescent and foster home care, clinic care, education of children, postgraduate professional education, public education, and remuneration for physicians.

A statistical study of physical disabilities in Milwaukee County. By the Registration Bureau of the Milwaukee County Association for the Disabled, 789 North Van Buren Street, Milwaukee, Wisconsin. 1940. 6 pp.

#### C R I P P L I N G      C O N D I T I O N S

Calderwood, Carmelita, R.N. Nursing care in poliomyelitis. The American Journal of Nursing, June, 1940. Vol. 40, No. 6, pg. 624.

Deuer, C. C. Prevalence of poliomyelitis in the United States in 1939. Public Health Reports, May 31, 1940. Vol. 55, No. 22, pg. 955.

"In 1938 an unusually low incidence of poliomyelitis was recorded in all sections of the United States, during which time 1,705 cases (1.3 per 100,000 population) were registered. In contrast to this low incidence of the disease in 1938, there was a sharp increase in the number of cases reported in 1939. 7,331 cases (preliminary figure) or a rate of 5.6. In 1939 the distribution of the disease was characterized by a number of localized outbreaks in various sections of the country in addition to a fairly widespread occurrence in the Mountain States."

Two tables and a map give a further breakdown of these statistics by regions, states, and even counties, and the article tells of regions and cities where the incidence was especially high.

Gaines, Frances Perlowski. Frequency and effect of hearing losses in cleft palate cases. The Journal of Speech Disorders, June, 1940. Vol. 5, No. 2, pg. 141.

Greene, James Sonnett, M.D. Correcting speech defects. Hygeia, June, 1940. Vol. 18, No. 6, pg. 507.

Special attention is given in this article to cleft palate speech and stuttering. The author is medical director of the National Hospital for Speech Disorders.



4.

Pattee, Gladys, O.T.R. Prescribed exercise to be carried out at home. Occupational Therapy and Rehabilitation, June, 1940. Vol. 19, No. 3, pg. 164.

The "Outline for Medical Exercises to be Done at Home," which accompanies this article "is given to each arthritis patient on his dismissal from the [May] Clinic... [and] it is emphasized that he should make himself entirely familiar with the 'Rules for exercise' which are included, and that he should consult his physician in his home locality before advancing to the next more strenuous group. The exercises on these sheets are discussed with the patient and the ones checked which will be beneficial for him to do at home. These exercises are intended to give the patient the same motions and to use the same muscles as the occupational therapy which he has had in the hospital. ... The patient is questioned also about his normal activities at home and suitable additions are made to this list for the individual patient. ...

"These lists of exercises are used, also, as instruction sheets for patients with conditions other than arthritis: (1) orthopedic patients who need functional restoration of certain muscles and joints, this restoration to be accomplished partly by active exercises, and (2) patients with nerve injury causing loss of motion such as in spastic and other forms of paralysis."

Washing dishes, using a screw driver or other specified tool, typewriting, dusting furniture, climbing stairs, shooting marbles, and riding a bicycle are a few activities representative of those prescribed in the outline.

Rounds, R. Clayton, M.D. The treatment of poliomyelitis. The American Journal of Nursing, June, 1940. Vol. 40, No. 6, pg. 617.

Steindler, A., M.D.; Greteman, I.J., M.D.; and Anthony, Emeline B. Malposture and scoliosis exercises - A handbook for parents. Iowa State Service for Crippled Children, Children's Hospital, Iowa City, Iowa. Series A, No. 3, March, 1940. 27 pp.

In this manual the exercises described are clearly illustrated by photographs. The authors make the following statement about the purpose of the handbook: "We are merely presenting the details of a number of exercises which are an integral part of malposture and scoliosis treatment programs. The booklet should serve as an adjunct to the specific instructions of a physician and a physiotherapist. The exercises applicable to each case must be chosen by a physician."

Watrous, May. An action ability test for the spastic patient. The Physiotherapy Review, May-June, 1940. Vol. 20, No. 3, pg. 140.

The test printed in this article is intended to be administered by a physical therapist, and is designed to show progress of the spastic patient in actual ability to perform tasks necessary for independence. It can be made with common articles usually available, rather than with special equipment, and can be given in the home as well as in the clinic. The test is divided into performances of parts of the body - shoulder, elbow, hand and wrist, fingers, - and classes of skills - eating, dressing, grooming, locomotion, lying and sitting, standing, and breathing and speech.

#### HOSPITALIZATION

Riese, Mildred, R.N. The importance of the correlation of the nursing and physical therapy departments. Hospital Management, May, 1940. Vol. 49, No. 5, pg. 37.

shrine to build children's hospital. Hospital Management, June, 1940. Vol. 49,<sup>5</sup>  
No. 6, pg. 69.

"A new \$500,000 hospital in Rhode Island to be known as the Hodge Memorial Hospital and Lawton Convalescent Home for Crippled Children will be built by Palestine Temple of the Shrine. The hospital will be erected on the 75-acre Hodge estate in Warwick, overlooking East Greenwich Bay, and will be equipped to accommodate 22 children. It will be under the direct supervision of Dr. R. H. Hatt, Chief Surgeon of the Shrine Hospital in Springfield, Massachusetts."

Tanner, Moir P. Reconstruction work paid for in smiles. The Modern Hospital, June, 1940. Vol. 54, No. 6, pg. 71.

A well-illustrated description of the crippled children's building sponsored by the Crippled Children's Guild of Buffalo and operated in connection with the Children's Hospital of Buffalo.

#### V O C A T I O N A L      R E H A B I L I T A T I O N

Fredericks, Leif. Montana's maintenance plan. National Rehabilitation News, June, 1940. Vol. 5, No. 9, pg. 14.

"...the expenditure of state money to defray the living expenses of a person accepted [by the Rehabilitation Division] for training was legalized in 1925. The act was amended two years later. ... Under its provisions a person accepted for service may, in addition to other benefits, receive a monthly allowance to help him meet his actual and necessary living expenses while he is in training. The maximum which may be paid to a single person is \$40.00 a month and to a married person or to a person with one or more dependents it is \$60.00 a month. ...

"Maintenance is granted only on the basis of need, and payments are approved only after an investigation has found an applicant financially unable to take care of his living expenses while in training, and cannot obtain the required help from any other source. ... It is seldom necessary to give the maximum amount permitted under the law. Actually payments average only about one-half of what could legally be paid. ...

"Maintenance has made training possible for many handicapped persons for whom the offer of training would otherwise have been an empty gift. It has expedited the completion of training arrangements. It has, in many cases, made for better and more fruitful training by relieving the client of financial worries."

Walter, M. M. The handicapped child and vocational training. National Rehabilitation News, June, 1940. Vol. 5, No. 9, pg. 4.

"Formerly the problem was interpreted as one of fitting 'square pegs in square holes' and 'round pegs in round holes,' it being the theory that there was one best job for each individual. ... Today the problem is... one that involves the complete adjustment of the individual, educational, social, spiritual, cultural, vocational, and moral, ... and is one of adjusting the person to a zone of activities as distinct from fitting him for a single endeavor. ... The machine era with its technical advances, displacement of workers, constant changes in occupations, and intense competition, requires greater versatility of individuals and the services to the handicapped must be adjusted to meet these conditions. ...

"Although under the Federal-State Rehabilitation laws it is not permissible to use funds for physical restoration, except when prosthesis becomes an essential



step in the rehabilitation process, nevertheless, training through work treatment, may often provide the means of enabling an experienced worker to return to his former occupation, or make it possible for a youngster who suffers a disability following a training period, to continue with his chosen occupation. ...

"Sixty per cent of the eleven thousand cases rehabilitated in the United States last year...were provided with a service of instruction. Of this number about 65 per cent were trained in educational institutions, 25 per cent in employment training, and 10 per cent through correspondence schools and tutorial instruction.

"...The feasibility of a training program depends upon:

1. The kind of employment objective that has been determined as best adapted to the needs of the person.
2. The level of educability of the person to be trained.
3. The kind of a program that will prepare the registrant for employment in the shortest possible time, consistent with his age, learning speed, and job objective, at the most economical cost consistent with adequate preparation.
4. The availability of facilities for training.
5. The conditions under which the registrant must take his training.
6. The employment conditions and requirements which must be met.
7. The ability of the person to profit by a comprehensive program of instruction that will provide him with the greatest possible number of 'strings to his bow'; in other words, prepare him for a 'zone of activities'...
8. The ability of the registrant to not only learn the skills and knowledge required on the job, but also something of the technique of looking for and landing a job.

"... Many individuals who normally are able to carry on in their occupations notwithstanding technological changes, following a physical disability, encounter a technical handicap which together with the other impairment, makes the problem of adjustment difficult. Instead of setting up programs of re-education for them or attempting to find new jobs, courses providing technical and job improvement should be given more consideration than apparently has been the case in the past. Here is an excellent opportunity to capitalize upon past experience and enable the client to return to his former job, in many cases with an improved status."

#### M I S C E L L A N E O U S   A R T I C L E S

Baker, Harry J. Physically handicapped children and clinical psychology. National Rehabilitation News, June, 1940. Vol. 5, No. 9, pg. 18.

Ball, Georgia. Clinic service for crippled children - The medical social worker in a state crippled children's program. The Child, May-June, 1940. Vol. 4, Nos. 11 and 12, pg. 296.

Advocates the presence of a medical social worker at diagnostic clinics for crippled children, and describes the services she can perform at this time. Emphasizes the value of her contact with the local professional and lay workers who may be present, especially if this contact takes the form of a conference of all such workers immediately following the clinic. At such a conference, "each member of the participating staff may profit from the knowledge of the others in making his own plans, and the plan of each tends to become a coordinated part of the whole."

Easter Seals finance Oshkosh physiotherapy program. Smilin' Through, June, 1940. Vol. 9, No. 2, pg. 2.

A collection of twelve photographs showing the activities of the visiting physiotherapist engaged by the crippled children's auxiliary of the Oshkosh Visiting Nurses' Association. She calls at the homes of many of the children, where most of the pictures are taken. Other children, who attend school, go at noon to a specially equipped room at the Visiting Nurse Association headquarters.

Greenleaf, Walter J. Guidance courses in colleges, summer session, 1940. Misc. 2359, U. S. Office of Education, Federal Security Agency, Washington, D. C.

Colleges and universities included in this directory offer summer courses in guidance for personnel workers and vocational counselors. For each institution the following information is given: Name and address; dates of 1940 summer session; name of guidance course or courses offered; and names of instructors in charge of courses.

Posture play (An arrangement of simple exercises to interest children in having good posture.) Kansas State Board of Health, Topeka, Kansas. Spring, 1940. 10 pp.

Smash hits of the year. The Travelers Insurance Co., Hartford, Connecticut. 1940. 36 pp.

This is the Travelers 1940 book of street and highway accident data - charts, statistics, cartoons, colored illustrations, and stories illustrating the causes and ways of preventing accidents. It is the tenth in a series of annual publications of this nature. The booklet is distributed free in the interest of street and highway safety, and quantities for distribution to clubs, schools, churches and other organizations may be obtained from the Company for the asking.

#### Publications

The American Journal of Nursing, American Nurses Association, 50 West 50th St., New York. \$3.00 per year, 35¢ per copy. Monthly.

The Child, Children's Bureau, U. S. Dept. of Labor, Washington, D. C. For sale by Supt. of Documents, Washington, D. C. \$1.00 per year, 10¢ per copy. Monthly.

Hospital Management, 100 East Ohio St., Chicago. \$2.00 per year, 20¢ per copy. Monthly.

Hygeia, American Medical Association, 535 N. Dearborn St., Chicago. \$2.50 per year, 25¢ per copy. Monthly.

Journal of Speech Disorders, Dr. G. Oscar Russell, Ed., Derby Hall, Ohio State University, Columbus, Ohio. \$3.00 per year, \$1.00 per copy. Quarterly.

The Modern Hospital, 919 N. Michigan Ave., Chicago. \$3.00 per year, 35¢ per copy. Monthly.

National Rehabilitation News, Kathryn D. Lewis, Ed., Room 708, 600 Michigan Blvd., Chicago. \$1.00 per year, 15¢ per copy. Bimonthly.

Occupational Therapy and Rehabilitation, Williams & Wilkins Co., Mt. Royal and Guilford Avenues, Baltimore, Md. \$5.00 per year, \$1.00 per copy. Bimonthly.

Physiotherapy Review, 737 N. Michigan Avenue, Chicago. \$2.50 per year, 50¢ per copy. Bimonthly.

Public Health Reports, U. S. Government Printing Office, Washington, D. C. \$2.50 per year, 5¢ per copy. Weekly.

School and Society, 525 W. 120th St., New York. \$5.00 per year, 15¢ per copy. Weekly.

Smilin' Through, Wisconsin Association for the Disabled, Inc., 119 Monona Ave., Madison. 20¢ year. Bimonthly.